

NATIONAL Assessment Centre Services

(Ref: J3-002)

Date In: 05/02/18	Job description	Date & Time Completed	Done by
Ref No: NM/A1418002273/13	SAS e-filing		
Veh No: 53P7198J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/02/18 1610	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (VISION AUTOWORK	Tel:	Fax:
TP Particulars:	Veh No: 53P4751A	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Cover Type: (
Period: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$		Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/02/2018 17:57
Date Of Accident	04/02/2018 16:10
Exact Location Of Accident	MUSLIM CEMETERY OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP7198J
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED SHAH BIN KAMSANI
NRIC No	S02049611
Email Address	MSKZA786@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91090328
Alternative Phone No	OTHERS-91090328

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NQ
Policy Number	2100434010-02
Cover Note Number	

Driver

Name of Driver	MOHAMMED SHAH BIN KAMSANI
NRIC No	S02049611
Date Of Birth	27/08/1953
Occupation	INDOOR
Date Of Driving Pass	19/07/1974
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090328
Fax Number	
Contact Number	OTHERS-91090328
EMail Address	MSKZA786@GMAIL.COM

Address	BLK 1 ELIAS GREEN #04-03
Postcode	519959
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER T THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP4751A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

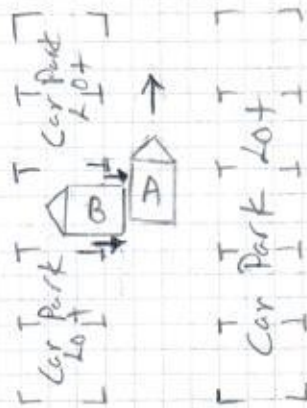
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = SBP7198J

B = SKP4751A

Muslim Cemetery

Open Carpark

(beside Jalan Bahar
towards

Lim Chu Kang Road)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 05/02/18
NRIC/FIN No.:

On 04.02.18 at about 16:10 hours at Muslim Cemetery Open Carpark (beside Jalan Bahar towards Lim Chu Kang Road). While I was travelling straight on my lane looking for carpark lot, suddenly I heard a loud bang and felt an impact. It was the vehicle (B) reversing out without checking the oncoming traffic and collided onto rear left hand side of my vehicle (A).

Vehicle (A): SBP 7198J

Vehicle (B): SKP 4751A

 02/05/2018

SINGAPORE ACCIDENT STATEMENT

Accident Date: 04/02/18	Time: 16:10	(hh:mm) 24 hr format
Location Muslim Cemetery Open Carpark (beside Jalan Bahar towards Lim Chu Kang Road)		
Vehicle Number SBP 7198J		
Insured Name Mohammed Shah Bin Kamsani		
NRIC / FIN 50204961J	Contact Number 91090328	
Make Toyota	Model Corolla Altis	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company AIG		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 2100434010-02		
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured		
NRIC / FIN	Contact Number	
Date of Birth 27/08/1953		
Driving Pass Date 19/07/1974		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address mskza786@gmail.com () NO EMAIL		
Address of Driver Blk 1 Elias Green #04-03 S(519959)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SKP 4751A	
Veh C		
Veh D		
Veh E		
Veh F		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S02049611

MOHAMMED SHAH BIN
KAMSANI
محمد شاه بن كسابي

Race
MALAY

Date of Birth 27-08-1953 Sex M

Country of Birth
SINGAPORE



SBP7198J

owner & driver

1138243

NRIC No: S02049611

BLK 1 ELIAS GREEN #04-03
SINGAPORE 519959

NRIC No: S02049611 Date: 29-07-2000 No: 3786130

Board Group B+ Date of issue 25-07-1993



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S02049611**
Name: **MOHAMMED SHAH BIN KAMSANI**
Birth Date: **27 Aug 1953**
Issue Date: **16 Mar 2004**

1001161545F



S4P7198J

Owner & driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jul 1974

NP 428A

Licence No: S02049611



A-TOPIIS PRIVATE VEHICLE

Name of Policyholder : Mohammed Shah Bin Kamsani
 Period of Insurance : 28 Oct 2017 To 25 Oct 2018
 Engine No. : 1ZRY208821
 Chassis No. : MR053REH104538694

Vehicle No. : SBP7198J
 Policy No. : 2100434010-02
 Endorsement No. :
 Issued Date : 23 Oct 2017

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
 Engine Capacity/Tonnage : 1,596.00 CC Sum Insured : Market Value
 Driver Restriction : NA Off Peak Car : No First Year of Registration : 2015
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a. The Policyholder
 b. Any other person who is driving on the Policyholder's order should his/her permission.
 The Policyholder hereby guarantees driver and if he/she meets the specified age condition.

You have to pay an additional sum of \$3000 as Young and Inexperienced Driver Excess (YIDR) if you are a New Automobile Driver (started or renewed) at or below age of 25 and or has less than 2 years driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's household. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, performance, liability, theft or destruction of the vehicle or damage to property in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use: 150000 - 150000 Optional

Limitations rendered inoperative by Section 2 of the Motor Vehicles (Third Party Risk and Compensation) Act (Cap. 189) and Section 65 of the Road Transport Act (1997) (Malaysia). See not to be included under these headings.

EXCESS

Section 1
 Fire - \$0, Own Damage - \$600, Theft - \$0, Flood/Over - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Mohammed Shah Bin Kamsani - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres: AIG Authorized Repairers (For claims related repairs)

Any accident repair to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6533 6292. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download AIG SG from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCB Bank Ltd

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risk and Compensation) Act (Cap. 189) and the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risk) Rules, 1959 (Malaysia).

0050310000

AIG ASIA PACIFIC INSURANCE PTE. LTD.
 75 SHENTON WAY #07-16 AIG BUILDING
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE